



DONALD G. HARPER
CHIEF OF POLICE

HARRISONBURG POLICE DEPARTMENT

101 N. Main St
Harrisonburg, VA 22802 www.harrisonburgpolice.com

PHONE: (540) 437-2650 FAX: (540) 437-2691

Request for Records

I, _____ (print name) do hereby affirm that I represent
_____ in the following nature:

- ☐ Attorney
- ☐ Insurance Agent
- ☐ Family Member
- ☐ Self
- ☐ Other (Government, Military) _____

Requested on this date: _____

Signed (requestor) _____

And in such representation, request the following documents related to the above named client:

- ☐ Copy of Crash Report # _____
- ☐ Verification letter for Incident Report # _____
- ☐ Local Background Check (convictions only) *

**If requested by third party, record release form is required to be signed by represented party.*

Records Clerk responding to request: _____

Date of response: _____

☐ Mailed ☐ In Person

Payment received: ☐ Cash ☐ Check ☐ Due